

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of New York

American Civil Liberties Union

Plaintiff

v.

Department of Health and Human Services,
Administration of Children and Families

Defendant

Civil Action No. 15-cv-02645

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Administration for Children and Families
370 L'Enfant Promenade, S.W.
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Brigitte Amiri
American Civil Liberties Union Foundation
125 Broad St, 18th Floor
New York, NY 10004

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

RUBY J. KRAJICK

CLERK OF COURT

Catherine Lapley

Signature of Clerk or Deputy Clerk

APR 06 2015

Date: _____

Civil Action No. 1:15-cv-02645

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Department of Health and Human Services
 was received by me on *(date)* 04/06/2015 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or


☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: As set out by Rule 4(i) of the Federal Rules of Civil Procedure, I served the summons and complaint on
 April 7, 2015 by certified mail upon the United States and the defendant at the following addresses: Civil
 Process Clerk, United States Attorney's Office, 86 Chambers St, 3rd Floor, New York, NY 10007; Attorney
 General Eric Holder, US Department of Justice, 950 Pennsylvania Ave, NW, Washington, DC 20530; US
 Department of Health & Human Services, 200 Independence Ave, SW, Washington, DC 20201.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 04/27/2015



Server's signature

Anna Krist, American Civil Liberties Union Legal Assistant
Printed name and title

125 Broad Street, 18th Floor
New York, NY 10004

Server's address

Additional information regarding attempted service, etc: